

David Kebe,
Petitioner/Appellant

V.

Immigration and
Naturalization Service,
Respondents/
Appellees

Deputy Clerk

MARY E. D'ANDREA, CLERK
Per *[Signature]*
~~Deputy Clerk~~

OCT 11 2002

HARRISBURG, PA

FILED

UNITED STATES DISTRICT COURT
Middle District of Pennsylvania

7-10-2010

RB 10/16/2

17

I, David Kebe, declare that I am the Petitioner in the above proceeding. In support of my request to proceed without being required to prepay fees, cost or give security therefor, I state that because of my poverty, I am unable to pay the costs of said proceeding or give security therefor. I believe that I am entitled to relief. My issues on appeal are the unconstitutional detention pursuant to section 1231(a)(6).

In further support of this application, I answer the following questions:

- 1) I am not presently employed. I have been incarcerated since 1999
- 2) The only money that I have received within the past twelve months has been from gifts.
- I have received gifts from my family for about 0 dollars in the past twelve months.

I have not received money from any other source.

- 3) The only money that I own is that on my prison account. I have not other

money in savings, neither checking, nor other accounts.

- 4) I do not own any interest in any real estate, stocks, bonds, notes, automobiles or other valuable property.

- 5) I have 0 persons that depend on me.

I declare under penalty that the foregoing is true and correct.

Executed on Oct 3, 2002

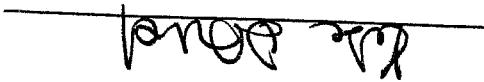
David Kebe

<p>The application is hereby denied.</p> <p>United States Judge _____</p> <p>Date _____</p>	<p>The application is hereby granted. Let the applicant proceed without prepayment of cost or fees or the necessity of giving security therefor.</p> <p>United States Judge _____</p> <p>Date _____</p>
<p align="center">COURT ORDER</p>	

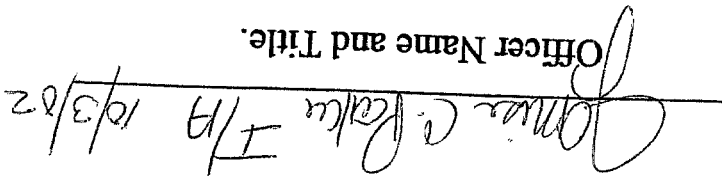
Dated

Oct. 23, 2002

Signature



Officer Name and Title.


balance was \$ N/A.

time of his confinement here if less than six months, the applicant's average
 I further certify that during the last six months, or the
 following securities to his credit according to the records of said institution

where he is confined. I further certify that the applicant likewise has the
 on account to his credit at the BELLS County Prison
 I certify that the applicant, David Kees, named herein has the sum of

PRISON ACCOUNT CERTIFICATE

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My issues on Appeal are: INS' indefinite detention pursuant to section 1231(a)(6) is unconstitutional as applied to Petitioner's case.

Affidavit in Support of Motion	
I swear or affirm under penalty of perjury that, because of my poverty, I cannot prepay the docket fees of my appeal or post a bond for them. I believe I am entitled to redress. I swear or affirm under penalty of perjury that my answers on this form are true and correct. (28 U.S.C. § 1746, 18 U.S.C. § 1621)	
Signed: <u>Kate Kebe</u>	
Date: <u>Oct 3, 2002</u>	
Complete all questions on this application and then sign it. Do not leave any blanks. If the answer to a question is "0," "none," or "not applicable (N/A)," write in that response. If you need more space to answer a question or to explain your answer, attach a separate piece of paper identified with your name, your case's docket number, and the question number.	
Instructions	MARY E. D'ANDREA, CLERK Per Security Clerk

David Kebe
v. Petitioner/Appellant
Immigration and Naturalization Service,
Respondents/Appellees

D.C. Case No. 00-CV-01883
Third Cir. No. 02-3632

FILED
HARRISBURG, PA
OCT 11 2002

United States District Court for the Middle District of Pennsylvania

Affidavit accompanying Motion for Permission to Appeal In Forma Pauperis

1. For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

INCOME SOURCE
AVERAGE MONTHLY AMOUNT DURING THE PAST 12 MONTHS
AMOUNT EXPECTED NEXT MONTH

Employment	\$ 0	You	\$ 0	You
Self-Employment	\$ 0		\$ 0	
Income from real property (such as rental income)	\$ 0		\$ 0	
Interest and Dividends	\$ 0		\$ 0	
Gifts	\$ 0		\$ 0	
Alimony	\$ 0		\$ 0	
Child Support	\$ 0		\$ 0	
Retirement (such as social security, pensions, annuities, insurance)	\$ 0		\$ 0	
Unemployment payments	\$ 0		\$ 0	
Disability (such as social security, insurance payments)	\$ 0		\$ 0	
Public Assistance (such as welfare)	\$ 0		\$ 0	
Other (specify):	\$ 0		\$ 0	
Total monthly income	\$ 0		\$ 0	

If you are a prisoner, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement for each account.

Financial Institution	Type of Account	Amount you have	Amount your spouse has
		\$ 0	\$ 0
		\$ 0	\$ 0
		\$ 0	\$ 0

Below, state any money you or spouse have in bank accounts or in any other financial institution.

4. How much cash do you and your spouse have? \$ N/A

Employer	Address	Dates of Employment	Gross Monthly Pay
N/A			

3. List your spouse's employment history, most recent employer first. (Gross monthly pay is before taxes or other deductions.

Employer	Address	Dates of Employment	Gross Monthly Pay
N/A		Incarcerated for the past 4 years	

2. List your employment history, most recent employer first. (Gross monthly pay is before taxes or other deductions.

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5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings.

Home (Value) _____ _____ _____ N/A		Other real estate (Value) _____ _____ _____ N/A		Motor Vehicle # 1 (Value) _____ Make & year: _____ Model: _____ Registration #: _____ N/A	
Motor Vehicle # 2 (Value) _____ Make & year: _____ Model: _____ Registration #: _____ N/A		Other assets (Value) _____ _____ _____		Other assets (Value) _____ _____ _____	

6. State every person, business or organization owing you or your spouse money, and the amount owed.

Person owing you or your spouse money _____ _____ N/A	Amount owed to you _____ _____ 0	Amount owed to your spouse _____ _____ 0
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7. State the persons who rely on you or your spouse for support.

Name _____ _____ N/A	Relationship _____ _____ _____	Age _____ _____ _____
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8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate.

<p>You</p> <p>Rent or Home Mortgage (include lot rented for mobile home) <u>\$ 0</u></p> <p>Are real estate taxes included? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Is property insurance included? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Utilities (electricity, heating fuel, water, sewer, and telephone) <u>\$ 0</u></p> <p>Home maintenance (repairs and upkeep) <u>\$ 0</u></p> <p>Food <u>\$ 0</u></p> <p>Clothing <u>\$ 0</u></p> <p>Laundry and dry-cleaning <u>\$ 0</u></p> <p>Medical and dental expenses <u>\$ 0</u></p> <p>Transportation (not including motor vehicle payments) <u>\$ 0</u></p> <p>Recreation, entertainment, newspapers, magazines, etc. <u>\$ 0</u></p> <p>Insurance (not deducted from wages or included in mortgage payments) <u>\$ 0</u></p> <p>Homewoners or renters Life Health Motor Vehicle Other: <u>\$ 0</u></p> <p>Taxes (not deducted from wages or included in mortgage payments)(specify): <u>\$ 0</u></p>	<p>Your Spouse</p> <p>Rent or Home Mortgage (include lot rented for mobile home) <u>\$ 0</u></p> <p>Are real estate taxes included? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Is property insurance included? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Utilities (electricity, heating fuel, water, sewer, and telephone) <u>\$ 0</u></p> <p>Home maintenance (repairs and upkeep) <u>\$ 0</u></p> <p>Food <u>\$ 0</u></p> <p>Clothing <u>\$ 0</u></p> <p>Laundry and dry-cleaning <u>\$ 0</u></p> <p>Medical and dental expenses <u>\$ 0</u></p> <p>Transportation (not including motor vehicle payments) <u>\$ 0</u></p> <p>Recreation, entertainment, newspapers, magazines, etc. <u>\$ 0</u></p> <p>Insurance (not deducted from wages or included in mortgage payments) <u>\$ 0</u></p> <p>Homewoners or renters Life Health Motor Vehicle Other: <u>\$ 0</u></p> <p>Taxes (not deducted from wages or included in mortgage payments)(specify): <u>\$ 0</u></p>
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Rev: 3-23-99

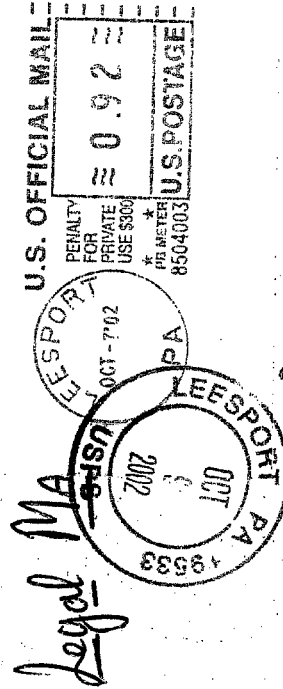
13. State the address of your legal residence.
Berks County Prison
1287 Court + Welfare Road, Leesport PA 19533-9392
Your daytime telephone number: () N/A
Your age: 36
Your years of schooling: 20
Your social security number: N/A

12. Provide any other information that will help explain why you cannot pay the docket fees for your appeal.
Indigent with no family in the United States. Incarcerated for the past 4 years

11. Have you paid _____ Or will you be paying _____ anyone other than attorney (such as a paralegal or typist) any money for services in connection with this case, including the completion of this form?
☐ Yes ☒ No If yes, how much? \$ _____
If yes state the person's name, address and telephone number: N/A

Name Kebe David
BCP# 02-566
Housing Unit A208
Berks County Prison
1287 County Welfare Road
Leesport, PA 19533-9397

Legal Mail



Office of the Clerk
United States district court for the
Middle of Pennsylvania,
228 Walnut Street P.O. Box 98.

FILED
HARRISBURG PA
OCT 11 2002
MARY E. D'ANDREA, CLERK
Per [Signature] Deputy Clerk